

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, December 14, 2017 at Health & Human Services; Sophie Beaumont Building; 111 N. Jefferson St.; Green Bay, WI 54301

Present: Chairman Tom Lund
Carole Andrews, Jesse Brunette, Bill Clancy (arrived at 5:30 PM),
Susan Hyland, Paula Laundrie, Aaron Linssen

Excused: JoAnn Grashberger, Craig Huxford

Also

Present: Erik Pritzl, Executive Director
Eric Johnson, Finance Manager
Luke Schubert, Hospital & Nursing Home Administrator

1. **Call Meeting to Order:**
The meeting was called to order by Chairman Tom Lund at 5:15 pm.
2. **Approve / Modify Agenda:**
BRUNETTE / LAUNDRIE moved to approve the December 14, 2017 Agenda.
The motion was passed unanimously.
3. **Approve Minutes of November 9, 2017 Human Services Board Meeting:**
BRUNETTE / HYLAND moved to approve the Minutes dated November 9, 2017.
The motion was passed unanimously.
4. **Executive Director's Report:**
Executive Director Erik Pritzl distributed his December report, and highlighted a few items.

Community Services:

Child Protective Services

Within Pritzl's report, he provided a definition and explanation of "wraparound services" within the Children, Youth and Families division and explained why expenditures have been above budgeted amounts.

Behavioral Health

The number of Emergency Detentions for adults has stabilized. Looking at the numbers for the first part of 2017, we were trending higher to potentially exceed 2016. The numbers seem to be going down. We are starting to see an impact from initiatives or more resources – like Willow Creek – being open and available for treating people in terms of voluntary access to services.

Juvenile numbers are higher. We are seeing more children and adolescents with emergency detentions in 2017. Willow Creek started serving that population in September 2017, and we will be contracting with them. It took as awhile to get our contracts lined up with them due to procedures being established, because there is a lot our providers do around emergency detentions, more than your normal county in many ways. There were some outstanding questions on billing, as well as our Corporation Counsel had some questions, but these are resolved. We will be getting the contract set for 2018.

The Legislative Audit Bureau recently did an assessment, looking at Brown and Jefferson Counties, and published a report stating that 95% of the emergency detentions in Brown County utilized facilities located within Brown County during November 2014 through June 2017. 5% of the population of emergency detentions went to Winnebago. This is important because recently there has been much discussion about people leaving the County and going to Winnebago for treatment.

While 95% is really good, Pritzl believes we can even go higher and keep more clients within Brown County. There will always be a small number of people where we will need to use another facility due to a specialty need – for example, geriatric care, forensic issues, etc.

The number of people within Jefferson County treated on an emergency detention in Jefferson is zero because there is no psychiatric facility within the County. The clients go to Fond du Lac, Waukesha, Madison...

Discussion occurred regarding the frustration of both consumers and law enforcement when clients have to be transported to Winnebago, but the numbers are small, and we will never be able to handle 100% in Brown County. We have improved, but can get even better, at improving the time it takes to get through the emergency detention process.

Economic Support

Pritzl provided background on Wisconsin County Human Services Association (WCHSA) to review how Income Maintenance funding to the county consortiums is decided. We are a lead county in a consortium and have been involved in a workgroup. We are engaging an actuary to assist in analyzing costs across all consortiums.

Energy assistance is in high demand this time of year, and we have placed energy assistance advertisements on Green Bay Metro buses. We felt these outreach efforts in 2016 were successful in making the public aware of provided services, so we did it again in 2017.

Community Treatment Center

Census trended down in November, so we are right where we should be in terms of budget numbers. There is a slight increase in voluntary admissions to the Nicolet Psychiatric Center in 2017, but a lower utilization by other counties than previous years due to admissions of Brown County residents.

Child Protective Services Wraparound Expenditures

Placement numbers are high in Brown County and we are exceeding budget – these are child welfare foster care placements, institutional costs, hospitalizations, etc. One strategy we use to reduce the trauma of removal from the home is wraparound services. We bolster community services to prevent removal, or reduce the time of removal.

Programs and services for Youth Justice, Child Protection and CABHU that would be included in wraparound were listed in the report.

Wraparound budgetary items are designed to address concerns and circumstances that help keep a child in their home and community. It could be basic needs like rent or specialized treatments. Every day, our social workers are doing balancing acts of, “do we provide this service, do we do a removal, or do we just hope that this won’t happen.” Our social workers are sometimes erring on the side of providing services and programs, and sometimes erring on the side of removal. This is driving our costs up on both sides (placement and the programs/services).

Discussion occurred regarding recipients of wraparound services not having insurance or insurance not funding specialized treatments. Insurance won't cover a foster care placement.

Question was raised as to how in 2018 this will be fixed budget-wise. Working with Children, Youth and Families Manager, Kevin Brennan, the plan is to get accountability of the funds down to the staff level so they understand the dollars they have to work with. If it isn't at that level, it becomes a collective amount, and no one knows how much is spent. We have worked with Finance to drill down to what categories the money is being spent on. Much of it is basic needs and specialized treatments – do we allocate a certain amount to each category and there's a finite amount?

Case Managers are seeing needs, creating plans and looking at ways to fund it; we are the last resort.

Many of the services provided by Youth Justice are life skills. Youth Justice has seen the largest increase in mental health issues more than traditional delinquency issues. Youths are coming into the criminal justice system, because of a crime potentially, but their real needs are mental health. By treating the mental health issues, we are trying to keep them out of the criminal justice system as adults. We don't want the kids to go to corrections, secured detention or institutions.

We can do better in how we approach this, as we have a better idea on how the dollars are spent and what it is spent on. It doesn't stop the issue for 2017, but going into 2018 we can make improvements.

LINSEN: It was mentioned that Youth Justice is the highest increase in terms of expenditures. Are you looking into terminating supervision early when possible? Or are you carrying out the full term the judges are ordering?

PRITZL: I will ask that question.

LINSEN: I would be curious the extent that is going on and whether that is an area we can improve on, or if we are doing it, and it is what it is.

PRITZL: So you are asking if we are requesting early termination when appropriate?

LINSEN: I have not done a lot juvenile work with Brown County, so I cannot speak to what the judges here do, but in other counties, judges will order it, but if the social worker comes to them prior to the one year expiration, they will terminate the order early if it is no longer needed. Is that something happening in Brown County? And if so, to what extent for a potential cost cutting measure where we are not sacrificing services to people who need them.

PRITZL: I will find out.

CLANCY: Would you end up having to prioritize where money would be most utilized if it came to that crunch?

PRITZL: The crunch time for prioritizing has already passed in some ways. They do... It is a hard decision for workers as they are prioritizing housing for Family A versus Family B. The needs are exceeding what we have. We are trying to avoid other problems from developing like higher placement numbers and extended placements.

LUND: We can save money by keeping a kid in his own home, but it won't track that way, unless we track it at a local level noting how many times we kept a child in his own home, and the cost of doing that compared to going to foster care, or worst yet to juvenile detention.

PRITZL: And it is hard to know if we didn't do something, would that child have gone or not. We don't know conclusively. You will still have kids that get those services and still go to detention.

We felt the Board, and also the Human Services Committee should have an awareness of what wraparound means, what it is and when you see the numbers exceeded, this is the story behind those numbers.

LAUNDRIE: The services involved in wraparound, the expenditures are very, very important. If we don't continue to develop our youth, we will pay more later down the road. As easy as it might be to cut, I really would want to hold back cutting services to our youth.

PRITZL: We would not propose any cuts in this for next year, it is more of how can we control it better.

LINSEN / ANDREWS moved to receive the Executive Director's Report and place on file. Motion was carried unanimously.

5. CTC Administrator Report including NPC Monthly Report:

Administrator Luke Schubert distributed his report and highlighted the following:

We have been busy with policy and procedure, planning and updating due to Mega Rule (regulatory reform for skilled nursing facilities in three-year phase with specific things due each year, for example staffing, training plans, diagnosis percentages, etc.). We are looking to restructure our quality committees next year after our hospital survey. Process improvement projects; focus on initiative projects for hospital and nursing home, quarterly reviewing data. We will bring those projects before this Board in the coming months.

LAUNDRIE / ANDREWS moved to receive the CTC Administrator Report and place on file. Motion was carried unanimously.

6. Appointment of an Auxiliary Member to the Community Treatment Center Grievance Committee:

We needed to bring this back before the Board for the formal process of appointing an auxiliary member in case Carole Andrews cannot make the meeting; previously Paula (Laundrie) had volunteered.

ANDREWS / HYLAND move to appoint Citizen Board Member Paula Laundrie as an Auxiliary Member to the Community Treatment Center Grievance Committee. Motion was carried unanimously.

7. Reappointment / Credentialing of Stacy Luedeman, APNP, to Community Treatment Center Medical Staff:

Luke Schubert provided information on the unanimous recommendation to move Stacy Luedeman from her initial one-year probationary appointment to be officially reviewed annually and then moved to a every two-year cycle. She is a contracted APNP who works under Dr. Warren in the nursing home, providing clinical consultation to the hospital and CBRF.

Her portfolio was presented to the Board for review. Schubert recommended the Board approve her reappointment. She has been a phenomenal addition to our medical staff. She is active and very thorough in her work, and we are fortunate to have her. She saves a lot of doctor time by doing the prep and legwork that an APNP can do. There are no patient complaints related to her care and services. She sees every history and physical at hospital Monday through Friday, and weekends on a rotational basis, and CBRF clients within 7 days. She participates in Medical Staff meetings, and is active in process improvement. She is wound care certified.

LAUNDRIE / CLANCY moved to approve Stacy Luedeman, APNP to the Community Treatment Center Medical Staff.
Motion was carried unanimously.

8. **Financial Report for Community Treatment Center and Community Services:**
Finance Manager Eric Johnson referred to his report included within the packet and highlighted the following:

Community Treatment Center

Year to date revenues and expenses are at 83% which is the anticipated benchmark after 10 months. The CTC is in position to meet budget this year.

Community Services

The report is in the same format as last month, with updated figures in categories of purchased services.

LINSEN / LAUNDRIE moved to approve the Financial Report and place on file.
Motion was carried unanimously.

9. **Statistical Reports: a & c**
The Child Protection report (Statistical Report b) was included as part of the Executive Director's Report in the form of a Wraparound Report. The other reports were included within the agenda packet.

ANDREWS / HYLAND moved to receive Statistical Reports a & c and place on file.
Motion was carried unanimously.

10. **Request for New Non-Continuous Provider & New Provider Contract:**
Please refer to the packet which includes this information.

LINSEN: What is Sandhill Development Center?

PRITZL: Sandhill Development Center is a residential care center in New Mexico. We had no Wisconsin provider willing to accept a child for placement. We are probably one of the last populous counties having to send a child out of the state of Wisconsin. Other counties have done this; Dane County has had six. We looked at Tennessee and another facility. It is due to the special needs of this child and the providers didn't feel they had capacity for that child's treatment. When we transport a child to New Mexico, that involves, especially in this situation, we sent multiple staff with the child to adequately supervise.

ANDREWS: What does it mean: "their contract, not ours"?

PRITZL: It means we had to accept their contract versus our standard contract.

LAUNDRIE: If you ever need someone to help to transport, I would be willing. I think it would be interesting.

PRITZL: We want to avoid that (transporting children out of state); we are working hard as a County to bring those resources into Wisconsin. How can we get providers to take kids here?

CLANCY: Is there an age where this wouldn't happen, and it would be handled here?

PRITZL: These facilities that accept children like this are up to age 18, but after that, there would be other institution involved for adults. The same institution normally doesn't serve kids and adults.

ANDREWS: It has to be hard on the family.

PRITZL: That is another complication; how do you ensure family interaction and contact.

LAUNDRIE / ANDREWS moved to receive New Non-Continuous Provider and New Provider Contract Reports and place on file.
Motion was carried unanimously.

11. Other Matters:

Helen Smits passed away on November 25. She was a long-term member of the Human Services Board and worked for Brown County. Paula Laundrie, Carole Andrews, and JoAnn Grashberger went to the funeral. The family was grateful for the representation from Board. The daughter mentioned how excited Helen was to receive the Barbara Bauer award.

Carole Andrews has sent some Facebook friend invitations to members of the Board so that information such as this can be passed around.

Chairman Lund wished everyone a Merry Christmas and Happy New Year. Enjoy your holidays!

Next Meeting: Thursday, January 11, 2018 at 5:15 p.m.
Sophie Beaumont Building
111 N. Jefferson Street
Green Bay, WI 54301

11. Adjourn Business Meeting:

LAUNDRIE / CLANCY moved to adjourn.
Motion passed unanimously.

Chairman Lund adjourned the meeting at 6:02 p.m.

Respectfully Submitted,
Catherine Foss
Office Manager

BROWN COUNTY HEALTH & HUMAN SERVICES

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Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: December 14, 2017

Re: Executive Director's Report

Community Services:

Child Protective Services

In the November board report there was reference to “wraparound services” and expenditures that have been above budgeted amounts, along with placement costs. A more extensive description of wraparound services is attached to this report for reference to provide more information on what these services are, and how they are used.

Behavioral Health

Emergency detention (EM-1) numbers seem to have stabilized for adults. In the first two quarters of the year, there was an increasing trend that would have projected to be higher than 2016. We now seem to be under the 2016 emergency detention numbers for adults. For children and adolescents, the number of detentions has increased in 2017 over 2016. In both populations, there hasn't been a significant change in the percent of people who are subject to a commitment proceeding, or receive services under an agreement in place of continuing the court action (a “hold open.”) However, if the overall number of people increases, the number of people served by staff increases and capacity could become a concern.

Meeting the needs of people through Brown County services and our community providers is important, and we are completing contracts with Willow Creek for child and adolescent services. Willow Creek began serving children and adolescents in September. The department carefully evaluates each contract organization's ability to provide care while meeting contracting requirements related to performance and fiscal matters. When we are assured that a mutual understanding is reached and that requirements can be met, we execute contracts for services. When possible, we want people to receive services within Brown County and are

fortunate to have community providers available. It is encouraging that approximately 95% of emergency detentions in Brown County utilized facilities located within Brown County for a period covering November, 2014-June, 2017 according to a recently published Legislative Audit Bureau report.

Recruiting has started for the Crisis Coordinator. This position is responsible for developing, monitoring and evaluating crisis mental health services for children and adults provided internally and with contracted services. There will also be data collection and analysis responsibilities, along with creating a Crisis Coordinating Committee.

Economic Support

There has been effort started by the Wisconsin County Human Services Association (WCHSA) to review Income Maintenance funding to the county consortiums. Brown County, as a lead county in a consortium has been involved with the workgroup established. Funding for these programs has been of concern for large and small consortiums, and counties have been exploring models since consortiums started. It is anticipated the workgroup will be working with an actuary to assist with analyzing costs across all consortiums.

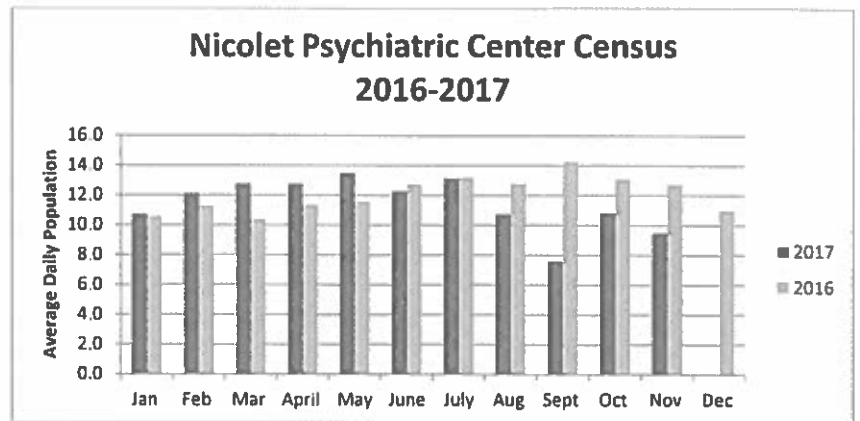
Board members may have noticed advertising on Green Bay Metro buses lately related to energy assistance. This is the time of the year when those services are in high demand, and these outreach efforts have been successful in making people who need assistance aware of the services provided.

Community Treatment Center:

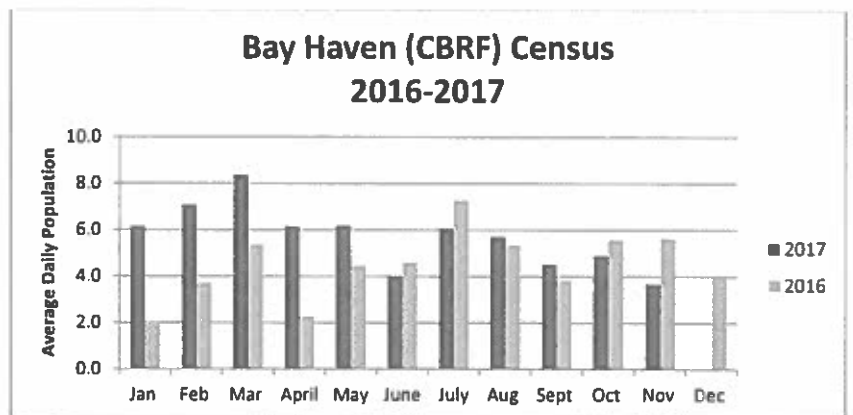
Census at the Community Treatment Center trended down in November, but remains at or above budgeted levels for the year. There has been a slight increase in the number of voluntary admissions to the Nicolet Psychiatric Center in 2017. Utilization by other counties continues to be lower than prior years due to the admissions of Brown County residents. Notification was sent out to counties and community partners related to limited capacity during the period of December 19th-January 2nd due to the needs of Brown County residents. A graphical presentation of the utilization of the Nicolet Psychiatric Center and Bay Haven CBRF is attached.

Community Treatment Center (CTC) Census Overview

The chart to the right presents the monthly census at the Nicolet Psychiatric Center (NPC) for 2017, with a comparison to 2016. This is an average daily population for each month. The average daily census for 2017 continued to trend lower than 2016 for the second month in a row. The average length of stay is 6 days for 2017 compared to 5 days in 2016, with November having an average length of stay of 5 days.



The next chart to the right presents the monthly census at Bay Haven, the Community Based Residential Facility (CBRF) for 2017, with a comparison to 2016. This chart is an average daily population for each month. There has been a downward trend in the census since the summer months, and utilization for November was near the budgeted census of 3.6.



Wraparound Expenditures

“Wraparound services” is an umbrella term used to describe services that are client centered, and contracted with outside providers. Providers agree to collaborate to improve the lives of children, families and adults by creating, enhancing, and accessing a coordinated system of support through a strengths-based, client-driven model. An emphasis is placed on identifying and enhancing the client’s natural and informal supports, or to assist them in finding new informal supports. The client may be defined as an individual or as an entire family. Wraparound is also a budgetary line item specifically designed to address concerns and circumstances that help keep a child in their home and community

There are three Wraparound budgetary line items in Children, Youth, and Families. They are Youth Justice Wraparound, Child Protection Wraparound, and Child and Adolescent Behavioral Health Unit (CABHU) Wraparound.

Typical services provided for **Youth Justice** clients and families can include:

- Skill Development
- Mentoring
- Community Support
- Parent/Child support and Parenting
- After School and summer programming
- Counseling as treatment not covered by insurance

Typical services provided for **Child Protection** clients and Families can include:

- Parenting and Parent Training
- Specialized assessments and treatment
- Counseling and treatment not covered by insurance
- Basic needs skill building
- Basic needs to keep kids in their home (food, rent, WPS bills)

Typical services provided for **CABHU** clients and families can include:

- After school and summer programming
- Autism services not funded by insurance or other funding sources
- Respite Care to prevent out of home placement
- Behavior management services to support kids in their homes
- Specialized crisis response

Case Examples

Youth Justice:

Johnny (age 15) is a youth justice client referred for several delinquencies. His parents are frustrated with his behaviors and the judge is considering placing him out of the home from a community safety perspective. Johnny started attending after school programming and his family engaged in parenting services to better manage his behaviors. An underlying issue for Johnny was his alcohol and drug use. The family had no insurance. An assessment was completed to determine the scope of services needed. Johnny was able to remain in his home with extensive service provision and Social Work services.

Child Protection:

Three children were determined to be unsafe in their parent's home. Their ages were 3, 6, and 11. Underlying issues were assessed to be parenting skills, homelessness, and domestic violence. Wraparound funds were used to pay for anger management classes not covered by insurance, specialized parenting skill building, and one-time assistance for rent. Through timely service provision the children were able to be returned home, safely.

Child and Adolescent Behavioral Health Unit (CABHU):

Suzie, age 13, was admitted to the Bellin Psychiatric Center on an emergency detention hold. Our CABHU unit became involved with Suzie and her family within 24 hours. Suzie and her family needs were assessed and specialized mentoring, crisis services, and respite care was provided to keep Suzie in her home and divert her from needing a commitment order or more restrictive placement.

NPC December Monthly Report

1. **Patient Care Issues-** There are no new concerns to report.
2. **Contracted Services Issues** – The Health Drive service contract was reviewed with a Representative from the company educating the medical staff and clinical staff on available services, systems, and current utilization by provider.
3. **Summary of patient complaints-** There no patient care grievances filed during the month of November.
4. **Federal/State Regulatory Concerns-** There was no new CMS or DHS survey activity conducted during the month of November on any of the inpatient units. CMS provided written recertification to the psychiatric hospital in writing on 11/7/2017 to notify NPC that the hospital continues to meet the requirements for participation in the Medicare program (Title XVIII of the Social Security Act.).
5. **Approval of Medical Staff appointments-** Stacy Leudeman, APNP, was unanimously recommended to the Human Services Board for Reappointment by the Medical Staff committee from Provisional to Active status.
6. **Other Business-**

Bayshore Village continues to remain focused on Phase 2 of the Mega Rule. Regulations are effective 11/28/17.

We have restructured both are Nursing Home QAPI and Hospital QAPI Committees to meet quarterly on quality data-measure review and analysis and monthly on PIP project planning and status planning updates in order to meet the quality and compliance standards of CMS and DHS in these areas. We will present our 2018 plan to the Human Services Board in February for approval.

Respectfully submitted by:

*Luke Schubert, NHA,
Hospital and Nursing Home Administrator*